

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-001
---	--	------------------------------	------------------------------

A. Introduction

Definitions

Wisconsin Medicaid uses the following definitions:

1. “*Crisis*” means “a situation caused by an individual’s apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual, or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual” [HFS 34.02 (5), Wis. Admin. Code].
2. “*Crisis Plan*” means “a plan prepared under s. HFS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person’s individual service needs” [HFS 34.02 (6), Wis. Admin. Code].
3. “*Emergency mental health services*” means “a coordinated system of mental health services which provides an immediate response to assist a person experiencing a mental health crisis” [HFS 34.02 (8), Wis. Admin. Code].
4. “*Response Plan*” means “the plan of action developed by program staff under s. HFS 34.23 (5) (a) to assist a person experiencing a mental health crisis” [HFS 34.02 (20), Wis. Admin. Code].
5. “*Stabilization Services*” means “optional emergency mental health services under s. HFS 34.22 (4) which provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization” [HFS 34.02 (21), Wis. Admin. Code].

B. Covered Services

What Is Crisis Intervention?

Crisis intervention services are services provided by an emergency mental health services program to an individual in crisis or in a situation that may develop into a crisis if professional supports are not provided. All crisis intervention services must conform to the standards in HFS 34, Subchapter 3, Wis. Admin. Code. References to appropriate sections of HFS 34, Wis. Admin. Code, in this handbook are identified in parentheses. Refer to Section IB, of this handbook for information on how to obtain more information about provider certification under HFS 34, Wis. Admin. Code.

Recipient Eligibility for Crisis Intervention Services

Wisconsin Medicaid covers an initial contact and assessment for any recipient contacting the crisis intervention provider. For recipients not in a crisis, the length of the assessment must be no longer than what is required to determine that no crisis or emergency exists and to make appropriate referrals, when indicated.

Wisconsin Medicaid covers all other crisis intervention services only if the provider documents that both of the following are true:

- The recipient is in a crisis or in a situation that may develop into a crisis if professional supports are not provided.
- The provider can expect to reduce the need for institutional treatment or improve the recipient’s level of functioning.

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-002
---	--	------------------------------	------------------------------

B. Covered Services
(continued)

Wisconsin Medicaid covers crisis intervention services for recipients being discharged from an institutional setting (hospital or nursing home) only if the provider documents the following in the recipient's records:

- Why the recipient is likely to experience an emergency or a crisis if the crisis intervention services are not provided.
- Why other services that might maintain the recipient in the community are not available and when such services are likely to be available.

Recipients are not eligible for any Medicaid services during periods of time when they are in jail or secure detention.

General Requirements

Wisconsin Medicaid covers crisis intervention services when all the requirements in this section are met.

Providers may provide crisis intervention services by the following means:

- Over the telephone.
- In person at any location where a recipient is experiencing a crisis or receiving services to respond to a crisis.

Providers must document the means and place of service in the recipient's record.

Travel and Recordkeeping Time

Wisconsin Medicaid covers staff travel time to deliver covered crisis intervention services and the recordkeeping time associated with delivering the services. Travel and recordkeeping are not separately billed. They are billed as part of the covered service. That is, the provider adds up the service time, travel time (if any), and recordkeeping time, and bills this total when billing for a service.

Example: If a provider spends 20 minutes travelling to a recipient, 1 hour providing covered crisis intervention services, and 5 minutes completing recordkeeping associated with those services, the provider must bill all of this time together (as 1.5 billing units) on the HCFA 1500 claim form. Refer to Appendix 6 of this handbook for guidelines for rounding time and for the appropriate billing units for crisis intervention services. *NOTE:* Travel time is not covered if no covered service was provided.

Multiple Crisis Intervention Staff and Staff Time

Wisconsin Medicaid covers more than one staff person providing crisis intervention services to one recipient simultaneously if multiple staff are needed to ensure the recipient's or the provider's safety (e.g., the recipient is threatening to hurt others). Providers must clearly identify the number of staff involved when billing for more than one staff person and the rationale for multiple staff in their documentation.

Refer to the billing section (Section III) of this handbook for information about how to bill for multiple staff.

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-003
---	--	------------------------------	------------------------------

B. Covered Services
(continued)

Crisis Service Hours

Wisconsin Medicaid covers only services that are directed toward solving and preventing crises under the crisis intervention benefit. Providers must use the crisis plan or response plan to document how services are related to these goals.

For services meeting the above criteria, Wisconsin Medicaid does *not limit* the number of crisis service hours that may be reimbursed through the claims system for services provided to a recipient per day. Also, there is no limit on the length of time that crisis services are covered for a given recipient. Providers must use the response and crisis plans to document service needs and to justify the need for continued services.

Wisconsin Medicaid monitors the use of crisis intervention services retrospectively through data analysis and auditing.

Crisis Intervention Covered Services

Initial Assessment and Planning

This service includes the following:

- The initial contact and assessment [HFS 34.23 (3) and (4), Wis. Admin. Code], including referral to other services and resources, as necessary, when further crisis intervention services are not required.
- The response plan's development per HFS 34.23 (5), Wis. Admin. Code, when required.

Crisis Linkage and Follow-Up

Crisis linkage and follow-up include the following:

1. Reviewing and updating the response plan and development, review, and updating of the crisis plan.
2. Follow-up interventions prescribed in a response plan or crisis plan or other interventions approved by a psychiatrist or psychologist to meet the following goals:
 - Relieve the recipient's immediate distress in a crisis or pre-crisis.
 - Reduce the risk of a worsening crisis.
 - Reduce the level of risk of physical harm to the recipient or others.
 - Resolve or manage family crises to prevent out-of-home placements of children, improve the child's and family's coping skills, and assist the family in using or obtaining ongoing mental health and other supportive services.
 - Assist the recipient in making the transition to the least restrictive level of care.
3. Linkage activities designed to:
 - Provide evaluation, referral options, and other information to a recipient or others involved with the recipient.

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-004
---	--	------------------------------	------------------------------

B. Covered Services
(continued)

- Coordinate the resources needed to respond to the situation.
- Assist in the recipient's transition to the least restrictive level of care required.
- Follow-up to ensure that intervention plans are carried out and meeting the recipient's needs.
- Resolve or manage family crises to prevent out-of-home child placements, improve the child's and family's coping skills, and help the family use or obtain ongoing mental health and other supportive services.

Crisis Stabilization Services

Crisis stabilization services include professional supports identified on the response plan or crisis plan provided in any of the following settings (list is not all-inclusive):

- Adult family home.
- Child caring institution.
- Community-based residential facility.
- Crisis hostel.
- Foster or group home.
- Outpatient clinic.
- Person's home.
- School.

When professional staff of the crisis intervention program who are not staffing a 24-hour in-residence stabilization program provide stabilization services, the crisis intervention program must bill stabilization services using the procedure codes for crisis stabilization listed in Appendix 3. Wisconsin Medicaid reimburses these codes on an hourly basis. Wisconsin Medicaid covers only those stabilization services necessary for:

- Reducing or eliminating an individual's symptoms of mental illness so that the person does not need inpatient hospitalization.
- Assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed.

Services Covered for Recipients in Inpatient Hospitals and Nursing Facilities

The only services covered for recipients in an inpatient hospital or a nursing facility are:

- Development of a crisis plan.
- Services to assist the recipient in making the transition to a less restrictive level of care.

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-005
---	--	------------------------------	------------------------------

B. Covered Services
(continued)

Approval of Covered Services

A psychiatrist or a licensed psychologist listed, or eligible for listing, in the National Register of Health Care Providers in Psychology must approve all services *except*:

- Initial contact and assessment, including the initial response plan's development.
- Crisis or response plan reviews.
- Crisis or response plan updates.

The psychiatrist or psychologist must document his/her approval with one of the following methods:

- Signing the crisis plan.
- Signing the response plan.
- Signing or cosigning contact notes.

Response Plan

According to HFS 34.23 (5), Wis. Admin. Code, a psychiatrist or licensed psychologist must approve the initial response plan within five working days after services are first delivered. After the initial response plan has been approved, signed, and implemented, the psychiatrist or licensed psychologist must review and sign the response plan at least monthly, even if changes are made more often. Wisconsin Medicaid covers all services identified on the response plan which meet the covered services requirements outlined in this section if the response plan has been reviewed and updated and signed by a psychiatrist or licensed psychologist within the past month.

Crisis Plan

Wisconsin Medicaid covers services identified on the crisis plan that meet the covered services requirements outlined in this section if the crisis plan has been reviewed and updated and signed by a psychiatrist or licensed psychologist within the past six months. The psychiatrist or licensed psychologist must review and sign the crisis plan at least only once every six months, even if changes are made more often.

Contact Notes

The psychiatrist or licensed psychologist must sign a contact note within five working days of when the documented service was provided. The psychiatrist or licensed psychologist does not need to sign individual contact notes if the service provided was identified on a response plan or crisis plan which the psychologist or psychiatrist signed according to the requirements noted in *Response Plan* and *Crisis Plan*.

Documentation

In addition to the requirements under HFS 105.02 (4) and (6) and 106.02 (9), Wis. Admin. Code, providers must maintain documentation of staff qualifications per HFS 34.21 (3), Wis. Admin. Code.

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-006
---	--	------------------------------	------------------------------

B. Covered Services
(continued)

Throughout the recipient's records, documentation must include whether the contact with the recipient and others was a personal, phone, or written contact. If the contact was a personal contact, documentation must include the location where the personal contact was made. Recipients' records must contain the following types of documentation:

- Initial contact and assessment.
- The recipient's eligibility for services.
- Service approval by a psychiatrist or psychologist.
- Development of response plans.
- Development of crisis plans.

Documentation that the recipient is in a crisis or a situation that is likely to develop into a crisis must be sufficient to demonstrate that the conditions outlined at HFS 34.02 (5), Wis. Admin. Code, are met. The provider does not need to separately document this information if it is contained in the initial contact and assessment.

Note : Refer to Section I of this handbook and earlier in this section (Section II) for more information about required documentation for crisis intervention services.

C. Related Limitations

Wisconsin Medicaid does not cover services as crisis intervention services when Wisconsin Medicaid has paid for the same service through another benefit. This includes:

- Alcohol and other drug abuse (AODA) outpatient services.
- AODA day treatment services.
- Case management services.
- Community support program (CSP) services.
- Day treatment or day hospital services.
- Hospital outpatient service.
- Outpatient psychotherapy service.

For example, when the provider helps the recipient find appropriate housing, Wisconsin Medicaid may cover this activity as a covered service under both the crisis intervention benefit and the case management benefit. Assuming all criteria are met, Wisconsin Medicaid will reimburse the provider who is certified in both programs under one of these benefits but not both.

Part H, Division VI Mental Health Crisis Intervention Services	Section II Covered Services & Related Limitations	Issued 05/98	Page 6H2-007
---	--	------------------------------	------------------------------

C. Related Limitations
(continued)

Wisconsin Medicaid covers crisis intervention services provided on behalf of Medicaid recipients only and covers crisis intervention contacts with only the following persons:

- The recipient.
- A family member(s), guardian(s), friend(s), or other individual(s) assisting the recipient.
- Professionals, paraprofessionals, or others providing resources required to respond to the crisis.

D. Noncovered Services

Wisconsin Medicaid does not cover the following as crisis intervention services:

- Room and board.
- Volunteer services not meeting the qualifications in HFS 34.21 (3), Wis. Admin. Code.
- Services other than those listed in this section.
- Services that are social or recreational in nature.